

Issue Date: July 27, 2016

Call for Grant Notification: Healthcare-Related Charitable Support

The Advocacy Relations team at Genentech, a member of Roche Group, invites the non-profit community to submit applications for grants subject to the terms below. This Call for Grants Notification (CGN) provides public notice of the availability of funds in a general topic area for activities for which recognized needs exist.

Purpose: As part of our mission and commitment to philanthropy, Genentech supports non-profit organizations **focusing on patient education, patient services and advocacy**. The purpose of this CGN is to support initiatives focused on the patient and caregiver community. Support requests must be healthcare-related and consistent with therapeutic or technological area(s) in which Genentech and/or Roche is active. This CGN is intended to support initiatives that address broad cross-disease issues.

Notification: Genentech CGNs are made available through the online Genentech Funding Request System (gFRS) site (<http://funding.gene.com>). In addition, an email is distributed to registered gFRS users who have previously applied for healthcare-related charitable support. A WebEx detailing CGN funding priorities and the CGN application process will be available to those interested the week after posting on **Monday August 1, 2016**.

Eligibility Criteria: Applicants must be U.S.-based and registered on the Genentech Funding Request System (gFRS). Each applicant's organization must be recognized by the IRS as a tax exempt, public charity under section 501(c)(3) of the Internal Revenue Code and must be located in the United States.

Geographical Scope: The programs and services **must be U.S.-based only**.

NEW! Submission Instructions for Executive Summary:

1. Applicants who meet the eligibility criteria and are interested in submitting a response to this CGN must first complete a brief **Executive Summary** through the following [link](https://goo.gl/forms/OMqNHfHJl1hKLH62) or paste the URL (<https://goo.gl/forms/OMqNHfHJl1hKLH62>) into a new browser.
2. **Deadline for Executive Summary submission will be Friday September 9, 2016 (11:59pm Pacific Time).**
Note: Do not submit your initial application through gFRS.
3. By **Monday September 26, 2016**, a Genentech Grant Manager will contact (i.e. by email) those applicants whose Executive Summaries were selected for further review.
4. Those applicants who receive notifications of potential interest may then submit full grant proposal applications online through gFRS. Further instructions will be provided in the email notification.
Deadline to submit full grant proposal will be **Monday October 3, 2016 (11:59pm Pacific Time)**.

Award Decision Date/Mechanism: Final approvals and denials for those who are selected to submit a full application in gFRS will be communicated via standard grant-submission means (i.e. email notifications) no later than **Monday November 21, 2016**. *There have been no pre-determined approvals. All submissions will be reviewed equally and thoroughly.*

Applicants should not respond to this CGN unless they have read and understood the terms, purpose and requests identified below. Applicants are expected to identify and address issues that are aligned to this CGN.

Proposed projects with budgets between \$20,000-100,000 will be considered; this CGN will fund up to five projects in total. Please note that Genentech cannot be the sole sponsor for any given project.

Topic and Funding Priorities	Minority Health As part of our commitment to philanthropy, Genentech supports nonprofit organizations focusing on patient education, patient services and advocacy. The purpose of this CGN is to support initiatives focused on the patient and caregiver community. Types of programs and services considered as part of this CGN include, but are not limited to the following: Patient Services, Patient Outreach, Patient Education, Disease Education, Fundraisers, and Health Screenings.
Introduction and Background	<p>Healthcare disparities refer to differences in health (burden of illness, injury, disability, or mortality) and healthcare (insurance coverage, access to care, and quality of care) between population groups.¹ Healthcare disparities occur across many dimensions, including racial/ethnic, socioeconomic status, age, location, gender, disability status, and sexual orientation.</p> <p>Despite increased national attention²⁻¹¹, healthcare disparities continue to persist and additional efforts are needed to address them. According to the 2014 Quality and Disparities Report¹² published by the Agency for Healthcare Research and Quality, “disparities in quality and outcomes by income and race and ethnicity are large and persistent, and were not, through 2012, improving substantially.” Recent publications have documented disparities across a variety of therapeutic areas, including oncology¹³⁻¹⁵, cardiovascular health¹⁶, women’s health,^{17,18} and pain management.¹⁹</p> <p>According to the National Cancer Institute, racial/ethnic disparities have been documented in the receipt of cancer care²⁰ and these treatment differences were associated with an adverse impact on the health outcomes of racial/ethnic minorities, including more frequent recurrence, shorter disease-free survival, and higher mortality.²⁰</p> <p>For example, compared to non-Hispanic whites, African Americans have higher mortality rates from lung cancer²¹ and from colorectal cancer²². Similarly, more whites than African Americans are diagnosed with non-Hodgkin lymphoma, but African Americans are more likely to die from it.²³ In this study, African Americans were significantly less likely than whites to receive chemotherapy (43% vs. 52% respectively).²³</p> <p>Reduced access to life-saving treatments among minorities has also been documented in breast cancer^{24,25} and ovarian cancer.²⁶ In one study, more black women (16%) received breast-conserving surgery without follow-up radiation therapy than white (12%), Hispanic (11%), and Asian (8%) women.²⁴</p>
Call for Grants Notice Requirements and Aim	Aim Genentech is committed to addressing key issues related to healthcare disparities that affect minority communities. This CGN will support proposals focusing on programs/services to address documented unmet needs in the patient community, including, but not limited to: <ul style="list-style-type: none"> • Creation of initiatives to support minority populations’ access to comprehensive, culturally competent education and information. • Creation of programs/services designed to increase awareness among minority populations

regarding existing programs and services.

- Development of support programs for minority populations across the disease continuum.
- Development of education material that is tested for cultural appropriateness and reading level.

Call for Grants Notice Requirements

Proposals should define the unmet need being addressed in the project and utilize evidence from internal (e.g., surveys of constituents, qualitative data from front-line staff) and external (e.g., consensus reports, peer-reviewed journal articles) data sources to help establish a clear view on the unmet need.

Successful applications will include patient-focused solutions to documented unmet needs through a project that includes: an innovative program or service, well-defined process and outcome evaluation metrics, and a conceptual plan for expansion and sustainability.

Out-of-the-box and non-traditional models of service delivery are encouraged. Applicants are also encouraged to utilize a collaborative approach to this effort and work with other organizations, though each application must be submitted by one single organization selected to represent the project for this CGN.

Additional Considerations: Grant requests must be submitted at least 60 days prior to the project / program start date. The following uploads are required to submit your application: W-9 Form / W-8BEN form, promotional materials and/or event advertising (if applicable), meeting agenda (if applicable) and detailed / itemized budget.

Genentech's Grant Decision-Making Policy: Please refer to the publicly available criteria, which can be found at <http://funding.gene.com>.

Terms and Conditions:

1. All grant applications received in response to this CGN will be reviewed in accordance with all Genentech policies and policy guidelines.
2. This CGN does not commit Genentech to award a grant or to pay any costs incurred in the preparation of a response to this request.
3. Genentech reserves the right to approve or deny any or all applications received as a result of this request or to cancel, in part or in its entirety, this CGN.
4. For compliance reasons, and in fairness to all applicants, all communications about this CGN must come exclusively to Genentech's department of Advocacy Relations. Failure to comply will automatically disqualify applicants.
5. Failure to follow instruction within this CGN may result in a denial.

Transparency: Genentech, at its sole discretion, has the right to disclose the details of funded healthcare related charitable support, including those that may be required by federal, state, and/or local laws and regulations. This disclosure may include, but shall not be limited to, details of the activity and the grant amount. The

information may be disclosed to the public in a manner including, but not limited to, disclosure on the Genentech website.

References:

1. Kaiser Family Foundation. Nov 30, 2012. Disparities in Health and Health Care: Five Key Questions and Answers. <http://kff.org/disparities-policy/issue-brief/disparities-in-health-and-health-care-five-key-questions-and-answers/> (Accessed March 29, 2016)
2. Minority Health and Health Disparities Research and Education Act of 2000. Enacted on Nov 22, 2000. <https://www.govtrack.us/congress/bills/106/s1880> (Accessed March 29, 2016)
3. Institute of Medicine. March 2001. Crossing the Quality Chasm: A New Health System for the 21st Century. Washington, DC. The National Academies Press. <https://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2001/Crossing-the-Quality-Chasm/Quality%20Chasm%202001%20%20report%20brief.pdf> (Accessed March 29, 2016)
4. Institute of Medicine. March 2002. Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare. Washington, DC. The National Academies Press. <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2003/Unequal-Treatment-Confronting-Racial-and-Ethnic-Disparities-in-Health-Care/Disparitieshcproviders8pgFINAL.pdf> (Accessed March 29, 2016)
5. The Affordable Care Act. Enacted on March 23, 2010. <http://www.hhs.gov/healthcare/about-the-law/read-the-law/index.html> (Accessed March 29, 2016)
6. U.S. Department of Health and Human Services. April 2011. HHS Action Plan to Reduce Racial and Ethnic Health Disparities. http://minorityhealth.hhs.gov/npa/files/plans/hhs/hhs_plan_complete.pdf (Accessed March 29, 2016)
7. U.S. Department of Health and Human Services. Nov 2015. HHS Action Plan to Reduce Racial and Ethnic Health Disparities: Implementation Progress Report 2011-2014. http://minorityhealth.hhs.gov/assets/pdf/FINAL_HHS_Action_Plan_Progress_Report_11_2_2015.pdf (Accessed March 29, 2016) U.S. Department of Health and Human Service. The Affordable Care Act is Working. June 2015. <http://www.hhs.gov/healthcare/facts-and-features/fact-sheets/aca-is-working/index.html> (Accessed March 29, 2016)
8. Abdus S, Mistry KB, Selden TM. Racial and Ethnic Disparities in Services and the Patient Protection and Affordable Care Act. *Am J Public Health*. 2015 Nov;105 Suppl 5:S668-75. <http://www.ncbi.nlm.nih.gov/pubmed/26447920> (Accessed March 29, 2016)
9. Sealy-Jefferson S, Vickers J, Elam A, Wilson MR. Racial and Ethnic Health Disparities and the Affordable Care Act: a Status Update. *J Racial Ethn Health Disparities*. 2015 Dec 1;2(4):583-8. <http://www.ncbi.nlm.nih.gov/pubmed/26668787> (Accessed March 29, 2016)
10. U.S. Department of Health and Human Services. National CLAS Standards: Fact Sheet. <https://www.thinkculturalhealth.hhs.gov/pdfs/NationalCLASStandardsFactSheet.pdf> (Accessed March 29, 2016)
11. Agency for Healthcare Research and Quality. 2014 National Healthcare Quality & Disparities Report: Executive Summary. April 2015. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr14/exsumm.html> (Accessed March 29, 2016)
12. Churilla T, Egleston B, Dong Y, Shaikh T, Murphy C, Mantia-Smaldone G, Chu C, Rubin S, Anderson P. Disparities in the management and outcome of cervical cancer in the United States according to health insurance status. *Gynecol Oncol*. 2016 Mar 24. <http://www.ncbi.nlm.nih.gov/pubmed/27012428> (Accessed March 29, 2016)

13. Kinlock BL, Thorpe RJ Jr, Howard DL, Bowie JV, Ross LE, Fakunle DO, LaVeist TA. Racial Disparity in Time Between First Diagnosis and Initial Treatment of Prostate Cancer. *Cancer Control*. 2016 Jan;23(1):47-51. <http://www.ncbi.nlm.nih.gov/pubmed/27009456> (Accessed March 29, 2016)
 14. Lin Y, Wimberly MC. Geographic Variations of Colorectal and Breast Cancer Late-Stage Diagnosis and the Effects of Neighborhood-Level Factors. *J Rural Health*. 2016 Mar 14. <http://www.ncbi.nlm.nih.gov/pubmed/26987939> (Accessed March 29, 2016)
 15. Wu JR, Lennie TA, Moser DK. A prospective, observational study to explore health disparities in patients with heart failure-ethnicity and financial status. *Eur J Cardiovasc Nurs*. 2016 Mar 24. <http://www.ncbi.nlm.nih.gov/pubmed/27013334> (Accessed March 29, 2016)
 16. Giovane R, Rezai S, Berjaoui C, Henderson CE. Racial and Ethnic Disparities in Hospital Readmissions After Delivery. *Obstet Gynecol*. 2016 Apr;127(4):799-800. <http://www.ncbi.nlm.nih.gov/pubmed/27008219> (Accessed March 29, 2016)
 17. Nakagawa K, Lim E, Harvey S, Miyamura J, Juarez DT. Racial/Ethnic Disparities in the Association Between Preeclampsia Risk Factors and Preeclampsia Among Women Residing in Hawaii. *Matern Child Health J*. 2016 Mar 21. <http://www.ncbi.nlm.nih.gov/pubmed/27000850> (Accessed March 29, 2016)
 18. Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci*. 2016 Apr 4. pii: 201516047. [Epub ahead of print] <http://www.ncbi.nlm.nih.gov/pubmed/27044069> (Accessed April 6, 2016)
 19. Shavers VL, Brown ML. Racial and ethnic disparities in the receipt of cancer treatment. *J Natl Cancer Inst*. 2002 Mar 6;94(5):334-57. <http://www.ncbi.nlm.nih.gov/pubmed/11880473> (Accessed April 6, 2016)
 20. Hardy D, Xia R, Liu CC, Cormier JN, Nurgalieva Z, Du XL. Racial disparities and survival for nonsmall-cell lung cancer in a large cohort of black and white elderly patients. *Cancer*. 2009 Oct 15;115(20):4807-18. <http://www.ncbi.nlm.nih.gov/pubmed/19626650> (Accessed April 6, 2016)
 21. White A, Vernon SW, Franzini L, Du XL. Racial disparities in colorectal cancer survival: to what extent are racial disparities explained by differences in treatment, tumor characteristics, or hospital characteristics? *Cancer*. 2010 Oct 1;116(19):4622-31. <http://www.ncbi.nlm.nih.gov/pubmed/20626015> (Accessed April 6, 2016)
 22. Wang M, Burau KD, Fang S, Wang H, Du XL. Ethnic variations in diagnosis, treatment, socioeconomic status, and survival in a large population-based cohort of elderly patients with non-Hodgkin lymphoma. *Cancer*. 2008 Dec 1;113(11):3231-41. <http://www.ncbi.nlm.nih.gov/pubmed/18937267> (Accessed April 6, 2016)
 23. Du XL, Fang S, Meyer TE. Impact of treatment and socioeconomic status on racial disparities in survival among older women with breast cancer. *Am J Clin Oncol*. 2008 Apr;31(2):125-32. <http://www.ncbi.nlm.nih.gov/pubmed/18391595> (Accessed April 6, 2016)
 24. Bhargava A, Du XL. Racial and socioeconomic disparities in adjuvant chemotherapy for older women with lymph node-positive, operable breast cancer. *Cancer*. 2009 Jul 1;115(13):2999-3008. <http://www.ncbi.nlm.nih.gov/pubmed/19452539> (Accessed April 6, 2016)
- Du XL, Sun CC, Milam MR, Bodurka DC, Fang S. Ethnic differences in socioeconomic status, diagnosis, treatment, and survival among older women with epithelial ovarian cancer. *Int J Gynecol Cancer*. 2008 Jul-Aug;18(4):660-9. <http://www.ncbi.nlm.nih.gov/pubmed/17892451> (Accessed April 6, 2016)